

E – Teaching/Learning Sessions for 3rd year
BDS Department of General Surgery

Theory Class

S.No	DATE	Lecture topic	Faculty	Participated Students
1	02/04/2020	Tracheostomy	Dr Affee Asma	90


02/04/2020

TRACHEOSTOMY

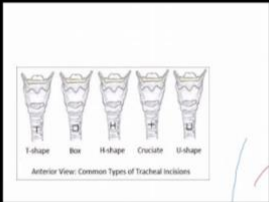
PROFESSOR OF SURGERY
DEPARTMENT OF SURGERY, CHRI
DATE: 2/4/2020
Dr. AFFEE ASMA, DGO, MS

TUBES

- Material : pvc, silicone, silver, silastic
- Rigid yet flexible
- Angled
- Length and inner, outer diameter of tubes
- Outer diameter is three quarters of inner diameter of trachea.
- Reduce airway resistance and air flow around Tubes.




Dr Affee Asma's screen



Anterior View: Common Types of Tracheal Incisions

LEVEL

- HIGH
- CARCINOMA OF LARYNX
- MID
- 2 OR 3 RINGS RETRACT ISTHMUS
- LOW LARGE VESSELS



Close

Participants (90)

Search

AE

Agila Elumalai (me, host)

P

Chithaluru Pranathi

D

Devadarshini

dhwarka mai jagatheesh

DA

Dr Affee Asma

Gogula Krishnan

k

Kaviya sampath

SN

Srinivas N

AB

Aadhya Babu

Aakash V

Lakshana K G

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Kavya Maran

Vaishna V

Pavithra Manohar

mathan rajan

Dharshini Perlasamy

Nithyasri B R

@ Chettinad
Dental College and Research Institute

E – Teaching/Learning Sessions for 3rd year
BDS Department of General Surgery

Clinical posting


S.No	DATE	Lecture topic	Faculty	Participate d Students
1	03/04/2020	Oral malignancies and case history taking	Dr Affee Asma	14
2	04/04/2020	Oral malignancies	Dr Affee Asma	14


03/04/2020


General surgery posting
Anusha, Ashri, Barath, Bency, Buvanes...

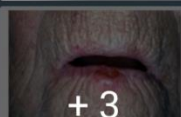
YESTERDAY

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Red and white surface alteration which is centrally indurated/firm was noted on routine examination in this 70 year old male. Patient has long time history of tobacco and alcohol abuse. 9:38 am


A bilaterally symmetrical ulcerative process noted by this 41 year old female, present for several months. Patient is a non-smoker and uses no alcohol. 9:39 am


A 59 year old female with a painless papillary mass of the left posterior mandibular alveolar ridge. 9:39 am


+ 3
Elderly woman with advanced sun induced degenerative alterations of face and lips. Presented with midline ulcerated mass. 9:39 am

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0:08 9:39 am

+91 94441 18377 ~Affee Ganesan
0:29 9:40 am

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5.1 MB 9:45 am 5:13

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0:50 9:50 am 2:46

Type a message

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between oral cancer and other various oral conditions (eg, oral submucous fibrosis, oral lichen planus, lupus erythematosus, dyskeratosis congenita, Fanconi anemia). 10:02 am

• T2 - Tumor 4 cm or smaller
• T3 - Tumor larger than 4 cm
• T4 - Tumor larger than 4 cm and/or

lymphatic node involvement, as follows:
• N0 - No nodes
• N1 - Single homolateral node smaller than 3 cm
• N2 - Nodes(s) homolateral smaller than 3 cm
• N3 - Nodes(s) larger than 6 cm and/or bilateral 10:02 am

Staging
Stage I is T1, N0, M0
Stage II is T2, N0, M0
Stage III is as follows:
• T3, N0, M0
• T1, T2, T3, N1, M0
Stage IV is as follows:

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0:28 10:02 am

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0:29 10:03 am

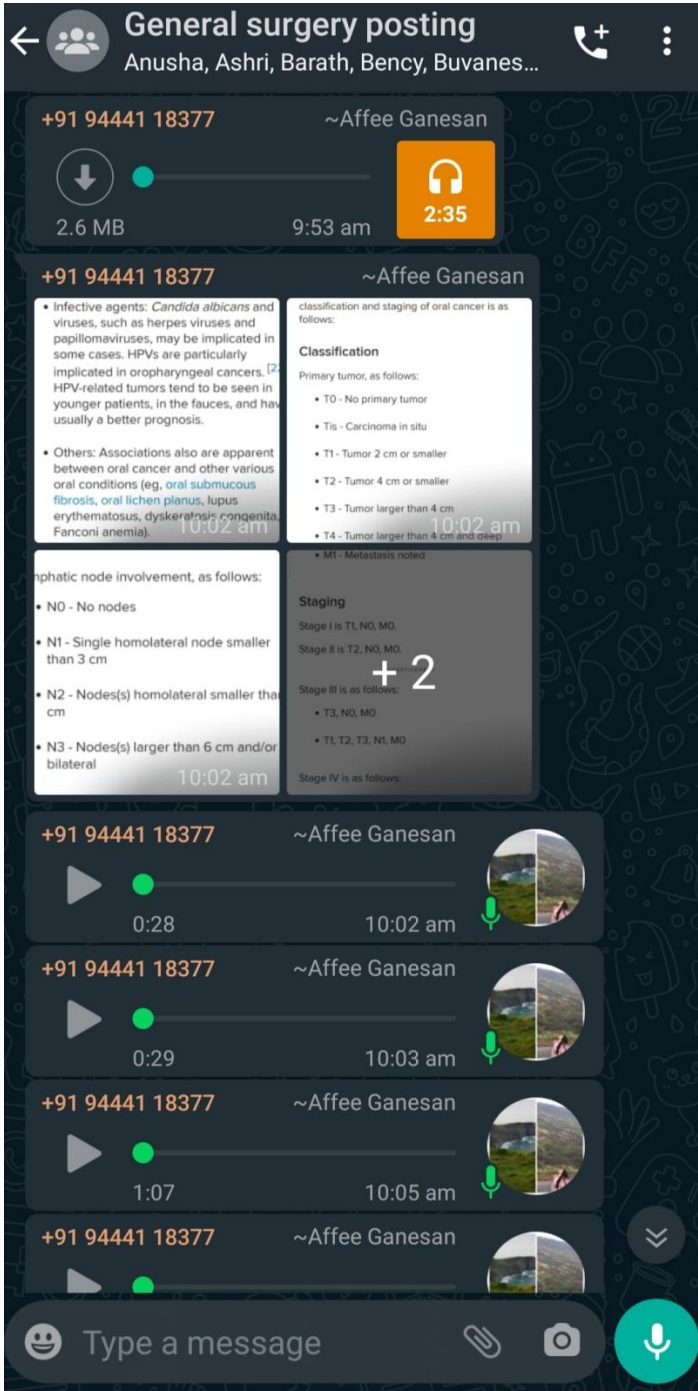
+91 94441 18377 ~Affee Ganesan
1:07 10:05 am

+91 94441 18377 ~Affee Ganesan
0:13 10:05 am

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AUD-20200404-WA... 10:08 am 1:55

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0:06 10:08 am

Type a message



The image displays two side-by-side screenshots of a WhatsApp chat interface. The chat is titled "General surgery posting" and the contact name is "Anusha, Ashri, Barath, Bency, Buvanes...".

Left Screenshot:

- The chat header shows the contact name and a status bar at the top.
- A document titled "Liver function tests" is shared, detailing results for various tests and their clinical significance.
- A video player is visible, showing a play button and a progress bar.
- The bottom of the screen shows the "Type a message" input area with icons for emojis, attachments, and voice recording.

Right Screenshot:

- The chat header shows the contact name and a status bar at the top.
- A video player is visible, showing a play button and a progress bar.
- A document titled "Lower lip defect" is shared, detailing the defect and the surgical approach.
- The bottom of the screen shows the "Type a message" input area with icons for emojis, attachments, and voice recording.



General surgery posting
Anusha, Ashri, Barath, Bency, Buvanes...

SURGICAL APPROACHES

The factors that influence the choice of a particular surgical approach for primary tumor

- Size of the primary tumor
- Depth of infiltration
- Site of the primary tumor
- Proximity of the tumor to mandible or maxilla.
- Nodal status

12:19 pm

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0:54 12:20 pm

SURGICAL MARGINS

ADEQUATE RESECTION is defined as clear margins with at least enough clearance from the gross tumor to obtain clear frozen section and permanent margins.

1.5-2 cm of visible and palpable normal mucosa

Clear margins: tumor >5mm from resected margin
Close margins: tumor <5mm from resected margin
Positive margin: tumor <1mm or at the resected margin

12:20 pm

Type a message

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• The radiation dose depends on tumor size; however, for early stage disease

12:34 pm

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cavity cancers

Stages III-IVB^[1, 2]:

- Surgery should be considered for locally advanced disease; however, definitive radiation therapy, concurrent chemoradiation, and induction therapy are alternative options for patients who are not candidates for surgery^[3]
- Concurrent chemoradiation therapy is the current standard of care for patients with locally advanced squamous cell carcinoma of the head and neck
- Chemotherapy is given for the duration of radiation therapy unless otherwise stated

12:34 pm

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- Conventional fractionation for concurrent chemoradiation is up to 70 Gy (2.0 Gy/fraction)
- Postoperative radiation dose is 60-66 Gy (2.0 Gy/fraction); preferred interval between resection and postoperative radiation therapy is = 6wk
- The decision to treat the patient with concurrent chemoradiation therapy rather than surgery, radiation, or chemotherapy individually should be made by a multidisciplinary tumor board (including a medical oncologist, a radiation therapist, and an ENT surgeon)

12:34 pm

Type a message



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0:07 12:31 pm

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0:03 12:31 pm

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1:25 12:32 pm

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Stages I-II^[1, 2]:

- Primary treatment for oropharyngeal cancers is surgical resection or definitive radiation therapy
- Surgery is the preferred approach, except for some patients who may have early lip, retromolar trigone, and soft palate cancers
- Radiation therapy is preferred for patients who may not be able to tolerate surgery
- The radiation dose depends on tumor size; however, for early stage disease

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cavity cancers

Stages III-IVB^[1, 2]:

- Surgery should be considered for locally advanced disease; however, definitive radiation therapy, concurrent chemoradiation, and induction therapy

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1:23 12:24 pm

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1:15 12:26 pm

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0:26 12:26 pm

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CARCINOMA ALVEOLUS AND GINGIVA

- Surgical treatment with adequate margins
- Amputation and use of cheek flap
- Resection of mandible with free flap
- Reconstruction of oral cavity with free flap
- Reconstruction of oral cavity with free flap

12:27 pm

12:27 pm

12:28 pm

+ 5

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0:25 12:30 pm

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